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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/776,069
	Filing Date	Feb 11, 2004
	First Named Inventor	Sanders, Susan Q.
	Art Unit	2168
	Examiner Name	Jay A. Morrison
Total Number of Pages in This Submission	Attorney Docket Number	50160

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks It is believed that no further request for extension of time or fees are due. Notwithstanding, the Commissioner is authorized to charge any additional fees incurred or credit any overage to Deposit Account No. 50-1753 (50160). Please regard this as a further request for extension of time to the extent one is needed. (Customer Account Number 22929).	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Shaper Iler LLP		
Signature			
Printed name	Sue Z. Shaper		
Date	July 14, 2009	Reg. No.	31663

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Typed or printed name	Sue Z. Shaper	Date	July 14, 2009

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